

Name
in
Full

Alfred Ballard

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County			
Date of death 1903	Month	Day	Years	Age	Months	Days
Sex		Male	Color or Race	Occupation	Birth- place	Somerset Co
Married, Single or Widowed		Laborer				
Name of Wife or Husband		Emeline Curtis				
Father's Name		Wilson Ballard				
Mother's Maiden Name		Sophia Wilson				
Name of person giving Information		Edward Boston				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Zyphroid fever	How long	2 weeks
Immediate	exhaustion	How long	

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

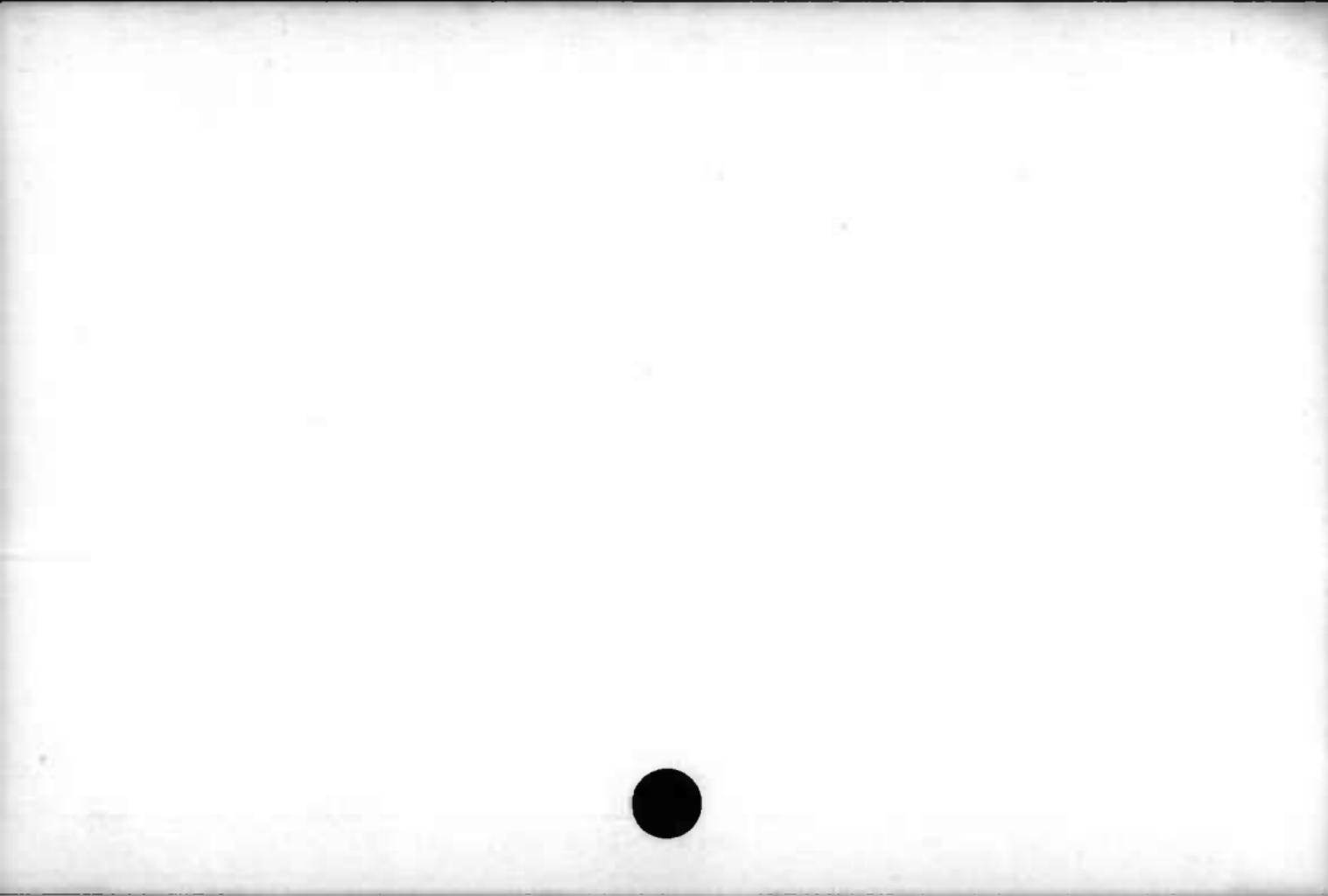
Address

Sam'l J. Livermore

Baltimore City,
Md.

Yes

Accident or Suicide?



Emily Harris Coulbourn

Town

County

MARYLAND

Died at

Marion, Somerset.

Date 1903

Month Day

Y. M. D.

Native of

Occupation

April 20

Age

42, 3, 4.

Maryland

House-wife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

6

Husband

of

Edward Wilson Coulbourn

Wife

Father's

Name

Charles Green Mother's
Maiden Name Alice Katarina Harris

Cause of

Primary

Carcinoma of the Uterus

How long sick

12 months

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

J.B. Ewer Jr.

Address

Marion Station Somerset County

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



James Dashiell

Town

County

Died at

Strington

Somerset

MARYLAND

Date 19

Month Day
April 15

Y. M. D.

Age

62 —

Native of

Maryland

Occupation

Farmer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Two

Husband of

Flora Dashiell Jr.

Wife

Mother's

Father's

Maiden Name

Name

Peter Dashiell

Julia Hayman

Cause of

Primary

Gastro-enteritis superinduced
by alcoholic dissipation

How long sick

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

O.S. Brown M.D.

Address

Somerset County

X

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Barney DelCorse

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town <i>Baltimore</i>	County <i>Somerset</i>	MARYLAND		
Date of death 190	Month <i>3 April</i>	Day <i>19</i>	Age <i>79</i>	Years	Months <i>-</i> Days <i>-</i>
Sex <i>male</i>	Color or Race <i>White</i>	Birth- place <i>Kent Co Md</i>			
Married, Single or Widowed <i>Widower</i>	Occupation <i>merchant</i>				
Name of Wife or Husband <i>+</i>					
Father's Name <i>+</i>	Father's Birthplace				
Mother's Maiden Name <i>+</i>	Mother's Birthplace				
Name of person giving Information <i>+</i>	How related to deceased <i>106</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Chronic diarrhoea

How long

one year

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

W. F. Keall M.D.
Baltimore Md

Accident or Suicide?

No



Hie Born

Town

County

MARYLAND

Died at

Wellesleyton

Somerset

Date 1903

Month Day
4 19

Y. M. D.

Native of

Occupation

Male

White

Age

Hie Born

Female

Colored

Married

Widow

Divorced

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

James H. Woom

Addie Crammer

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

See Sidney Crammer (father)

Address

Wellesleyton Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Betsy Fowlell

Town

County

Died at

Mt Vernon Somerset

MARYLAND

Date 19

Month Day

Y. M.

D.

Native of

Occupation

03

Age

84

14

Somerset

Male

White

Married

Widow

Female

Colored

Single

Widower

Divorced

Number of children living

one

Husband of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Ben Fowlell
 Riddon Bloodsworth Mother's Maiden Name Dusie Ziegler How long sick 7 day
 Primary Old age 154
 Immediate Accident, Suicide, Homicide

C. M. Fowlell & Sons

Mt Vernon [REDACTED] Somerset Co X

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr.
of _____

Seen by Coroner
of _____

Information contained in this certificate
received from, *Sorv*
of *Mr. Spuron M.D.*

Name
in
Full

John H. Giles

CERTIFICATE OF DEATH

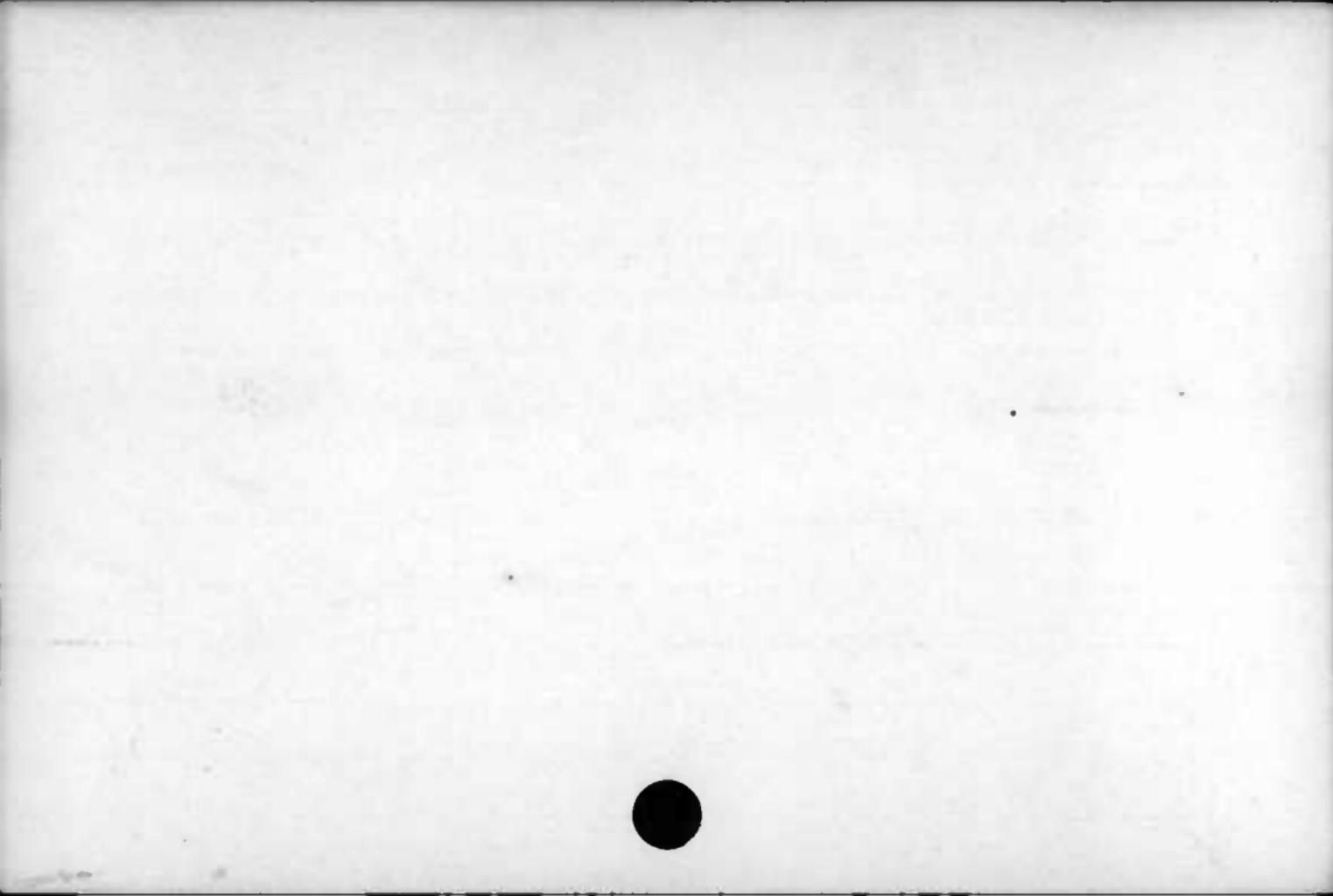
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month apr.	Day 24th	Years 73	Months -	Days -
Sex Male	Color or Race White	Birth-place Wicomico Co.			
Married, Single or Widowed Married	Occupation Farmer				
Name of Wife or Husband Margaret Marshall					
Father's Name -				Father's Birthplace -	
Mother's Maiden Name -				Mother's Birthplace -	
Name of person giving information F. Trickett Giles				How related to deceased Son	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cerebral Thrombosis		How long 2 year
Immediate	Coma	82	How long 1 day
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician S. J. W. in door up	Address
Accident or Suicide?	Dames Quarters Somerset St. X		



Mary Green

Died at Mt. Vernon Town Somerset County 60 MARYLAND

Date 1903	Month 4	Day 16	Age 42	Native of Somerset	Occupation
Male	White		Married	Widow	Divorced
Female	Colored		Sing le	Widower	Number of children living eight

Husband of Nelson Green

Wife James King Father's Name Susan King Mother's Maiden Name

Cause of death Primary

drophy

1911

OVER

How long sick
months

Death Immediate

Accident, Suicide, Homicide

Reported by

Gov. Ashille

Address

Mt. Vernon Somerset Co. X

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. _____
of _____

Seen by Coroner _____
of _____

Information contained in this certificate
received from Husband
of McAfee M. D.

Name
in
Full

Elizabeth Haerop

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Alma House</i>	County			
Date of death 1903	Month <i>April</i>	Day <i>25</i>	Age <i>80</i>	Years	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>	Occupation <i>Housewife</i>		Birth- place <i>Honest Co.</i>		
Married, Single or Widowed <i>Widow</i>	<i>Widow</i>	<i>Housewife</i>				
Name of Husband <i>Smith Summers</i>						
Father's Name					Father's Birthplace	
Mother's Maiden Name					Mother's Birthplace	
Name of person giving Information			154		How related to deceased	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>General debility for old age</i>	How long
	Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician Address <i>Daniel W Jones Prince George Ariz.</i>
Accident or Suicide?		



Name
in
Full

Monzie Harris

CERTIFICATE OF DEATH

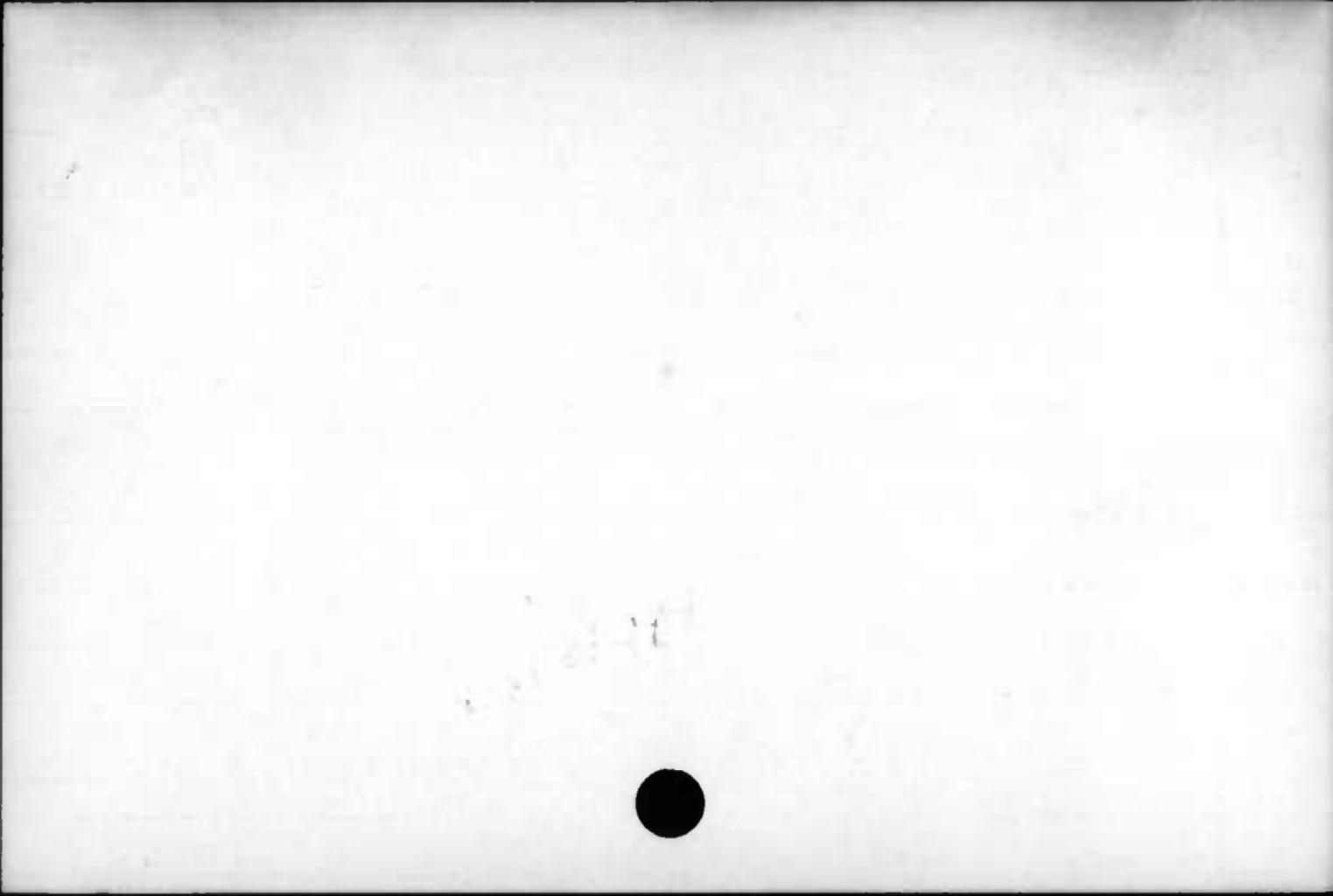
To BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Deals Island		County Somerset		MARYLAND	
Date of death 1903	Month April	Day 23	Age 4	Months	Days
Sex Male	Color or Race Black	Birth-place Deals Island			
Married, Single or Widowed		Occupation			
Name of Wife or Husband					
Father's Name	John Leslie Harris			Father's Birthplace	Md
Mother's Maiden Name	Lizzie Harris			Mother's Birthplace	Md
Name of person giving information	John W Harris			How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tuberculosis	
Immediate	27	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	
	Address	
Accident or Suicide?	X	



Anne Hannan

Town

County

Died at

MARYLAND

Rapewell Somerset

Date 1903

Month Day

Y. M. D.

Native of

Occupation

4 - 10

Age

79

Widow

Widower

Orphaned

Lady

Male

White

Married

Female

Colored

Single

5

Number of children living

Husband of William Hannan

Wife

Father's

Mother's

Name

Name

Cause of

Primary

Pulmonary Consumption

How long sick

One year

Death

Immediate

Hepatitis

Accident, Suicide, Homicide

Reported by

W. F. Hall 27

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Theodore C. Horner

CERTIFICATE OF DEATH

MARYLAND

Died at		Town	County			
Date of death 190	Month	Day	Years	Months	Days	
Sex	Color or Race	Birth- place				
Married, Single or Widowed	Occupation					
Name of Wife or Husband						
Father's Name	Loudie T Horner					
Mother's Maiden Name	Amanda Horner					
Name of person giving Information	L.B. Horner					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Tuberculosis 27

How long

8 mo

Immediate

Asthma

How long

2 years

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

S. G. Henderson, M.D.
James 1/4

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Noah Hessey</u>		Town	County <u>Damascus</u>		MARYLAND	
Date of death <u>1903</u>	Month <u>Sept</u>	Day <u>5</u>	Age <u>65</u>	Years	Months	Days
Sex <u>Male</u>	Color or Race <u>Negro</u>	Occupation <u>Married farm hand</u>		Birth-place <u>unknown</u>		
Married, Single or Widowed <u>Married</u>						
Name of Wife or Husband <u>Frances</u>						
Father's Name					Father's Birthplace	
Mother's Maiden Name					Mother's Birthplace	
Name of person giving Information <u>BS</u>					How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Prostration from Drunkenness

How long

3 weeks in December

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

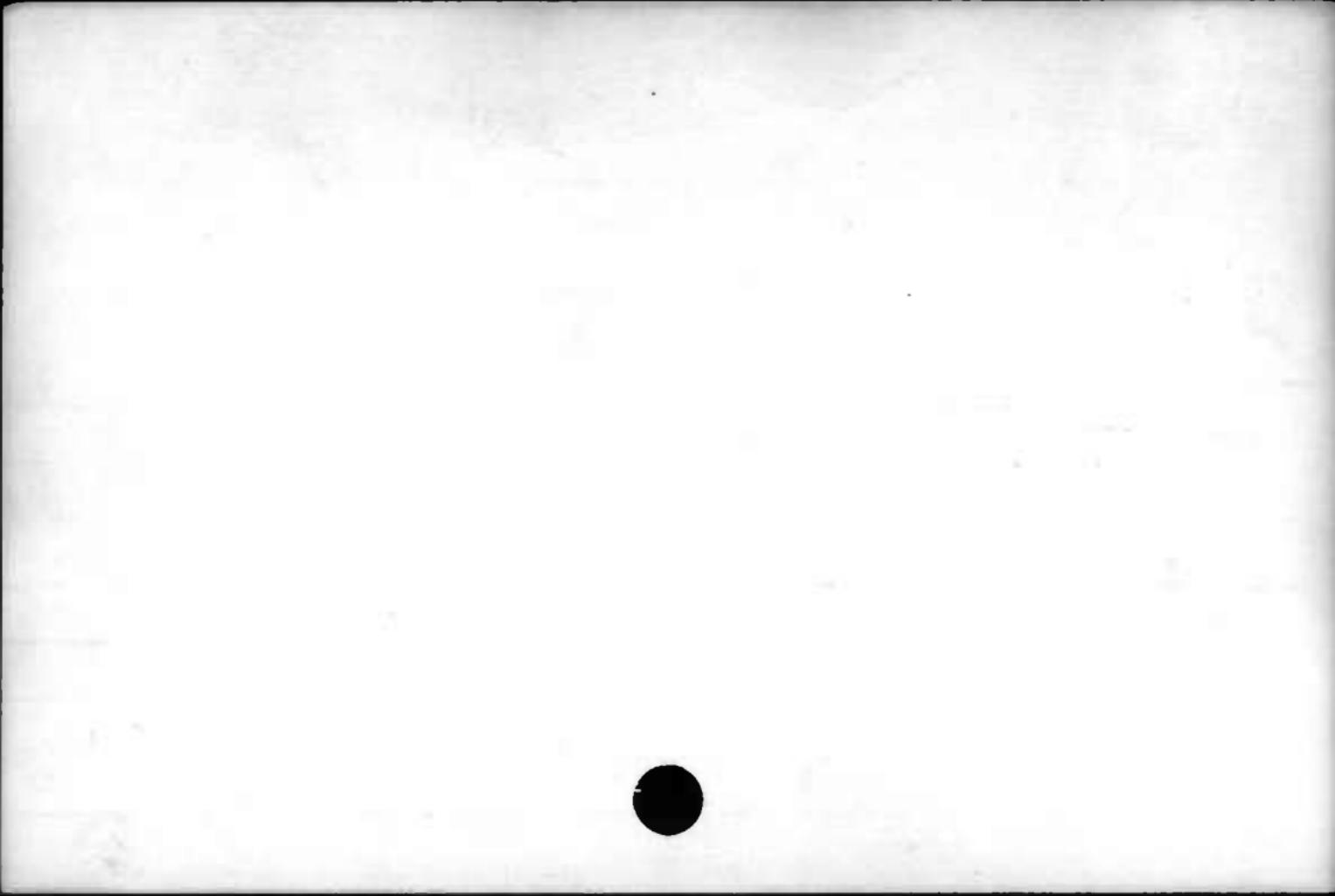
As far as known

Signature of Physician

Address

Daniel W JonesParkersburgInd.

Accident or Suicide?



Martha Jackson

Town

County

Died at

Marietta Somers

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

State

White

Age 81-

Occupation

Female

Colored

Married

Widow

Laborer

Single

Widower

not one

Divorced

Number of children living

Husband of

Wife

Father's

Name

Spencer Jackson

Mother's

Maiden Name

Milkey Jackson

How long sick

Cause of

Primary

old age~~not~~*one day*

Death

Immediate

apoplexy~~not~~

Accident, Suicide, Homicide

Reported by

H. H. Gunby M.D.

Address

*Marietta**Stetson**Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Olemontine Johnson

Town

County

Died at

*Croftield**Somerset*

MARYLAND

Date Died

903

Month

4

Day

6

Y. M. D.

37 11 20

Native of

Somerset Housewife

Occupation

Male

White

Age
Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Cause of

Death

Reported by

Address

*James Johnson**Does not know*

Mother's

Name

Ingestion of brain

How long sick

*3 day**Exhaustion*

Accident, Suicide, Homicide

*C. L. Ward**64**Croftield*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Ges. S. Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town <u>Chance</u>		County <u>Somerset</u>	MARYLAND	
Date of death 1903	Month <u>apr.</u>	Day <u>6th</u>	Age <u>19</u> Years	Months —	Days —
Sex <u>Male</u>	Color or Race <u>Colored</u>	Birth-place <u>Somerset Co.</u>			
Married, Single or Widowed <u>Single</u>	Occupation <u>Oyster Diver</u>				
Name of Wife or Husband —					
Father's Name <u>James Jones</u>	Father's Birthplace <u>Somerset Co.</u>				
Mother's Maiden Name <u>Jane Johnson</u>	Mother's Birthplace <u>Somerset Co.</u>				
Name of person giving information <u>Arthur Jones</u>	How related to deceased <u>Brother</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Nephritis

How long

six month.

Immediate

Haemiae

How long

1 day

Are the name, age, sex, color, date and place correctly given above?

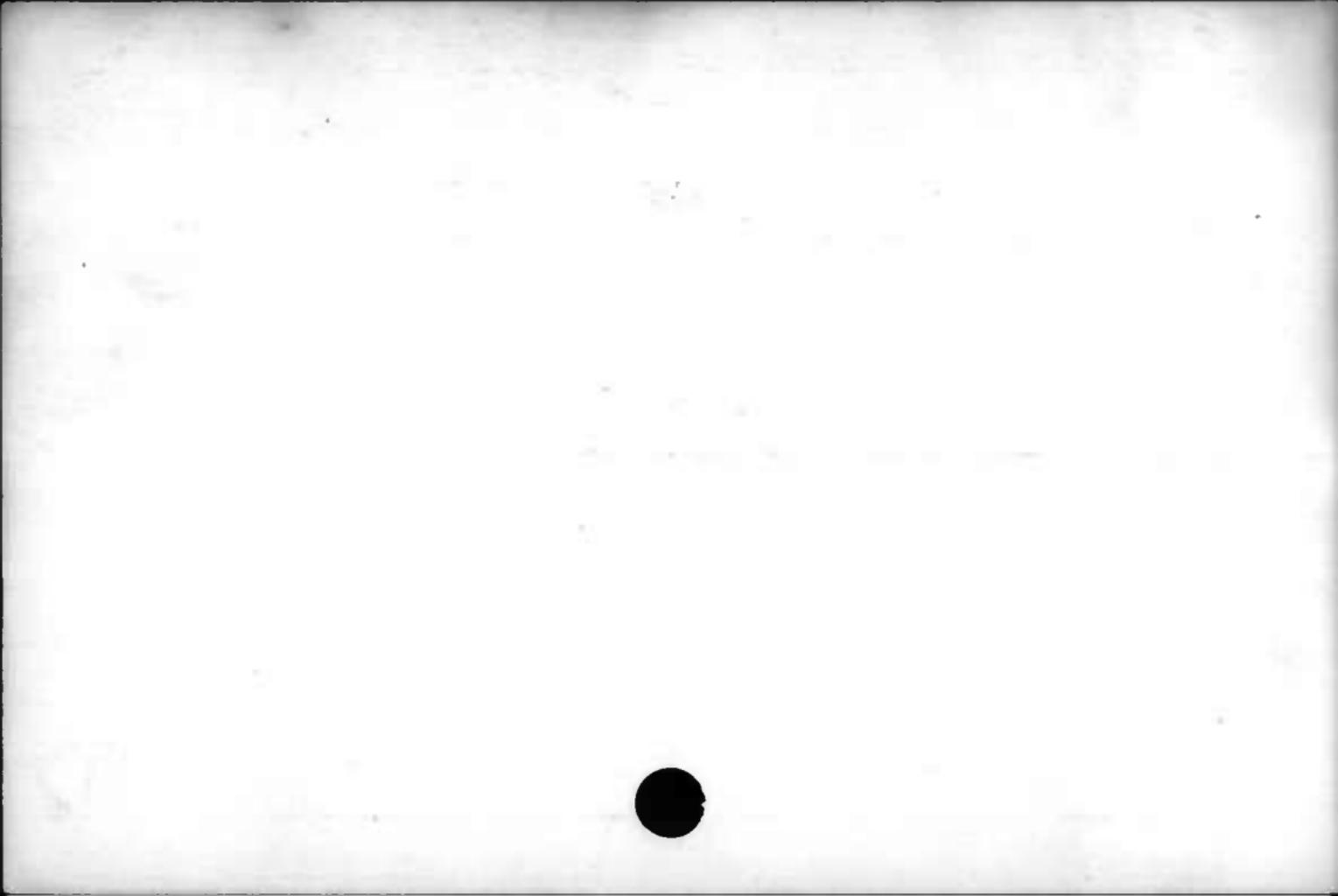
Yes

Signature of Physician

Address

S. J. Windsor, M.D.,
James Austin,
Somerset Co. Md.

Accident or Suicide?



Jan James

Town

County

Died at

*P. C. Inc.**Garrison*

MARYLAND

Month Day

Y. M. D.

Native of

Occupation

Date 1903

April 79

Age 79 - -

Md.

Housewife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

0

Husband of

John James

Wife

Father's

Name

Cause of

Death

Reported by

Address

Mother's

Maiden Name

Louie Dennis

How long sick

One year

Accident, Suicide, Homicide

Primary

Old age

Immediate

*Heart Disease**Dr. J. Smith**(Not in attendance)**P. C. Inc. Md.**X*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

John Jones
Died at Mount Vernon

CERTIFICATE OF DEATH

MARYLAND

Town	County					
Died at Mount Vernon	County Somerset					
Date of death 1903	Month April	Day 11	Age 78	Years	Months	Days
Sex Male	Color or Race White	Birth-place Mount Vernon				
Married, Single or Widowed Widower	Occupation Dyestormer					
Name of Wife or Husband Brittanna Jones						
Father's Name	Father's Birthplace					
Mother's Maiden Name	Mother's Birthplace					
Name of person giving Information Charles Jones	How related to deceased Son					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

General Debility 158

How long

ten years

How long

eight days

Immediate

Paralysis

Are the name, age, sex, color, date and place correctly given above?

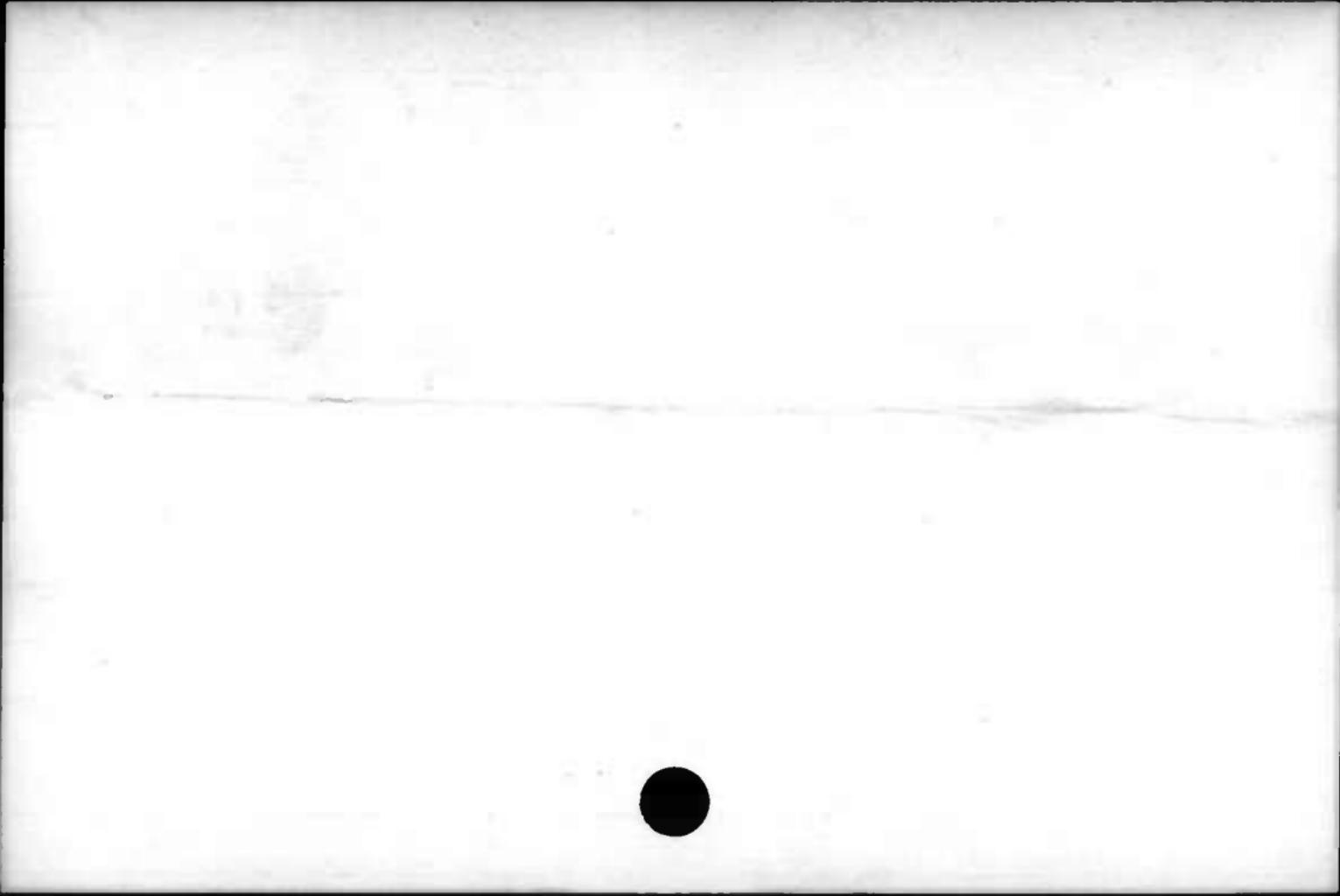
Geo

Signature of Physician

Address

Daniel G. Jones M.D.
Principality of Maryland

Accident or Suicide?



Name
in
Full

William Manuel

CERTIFICATE OF DEATH

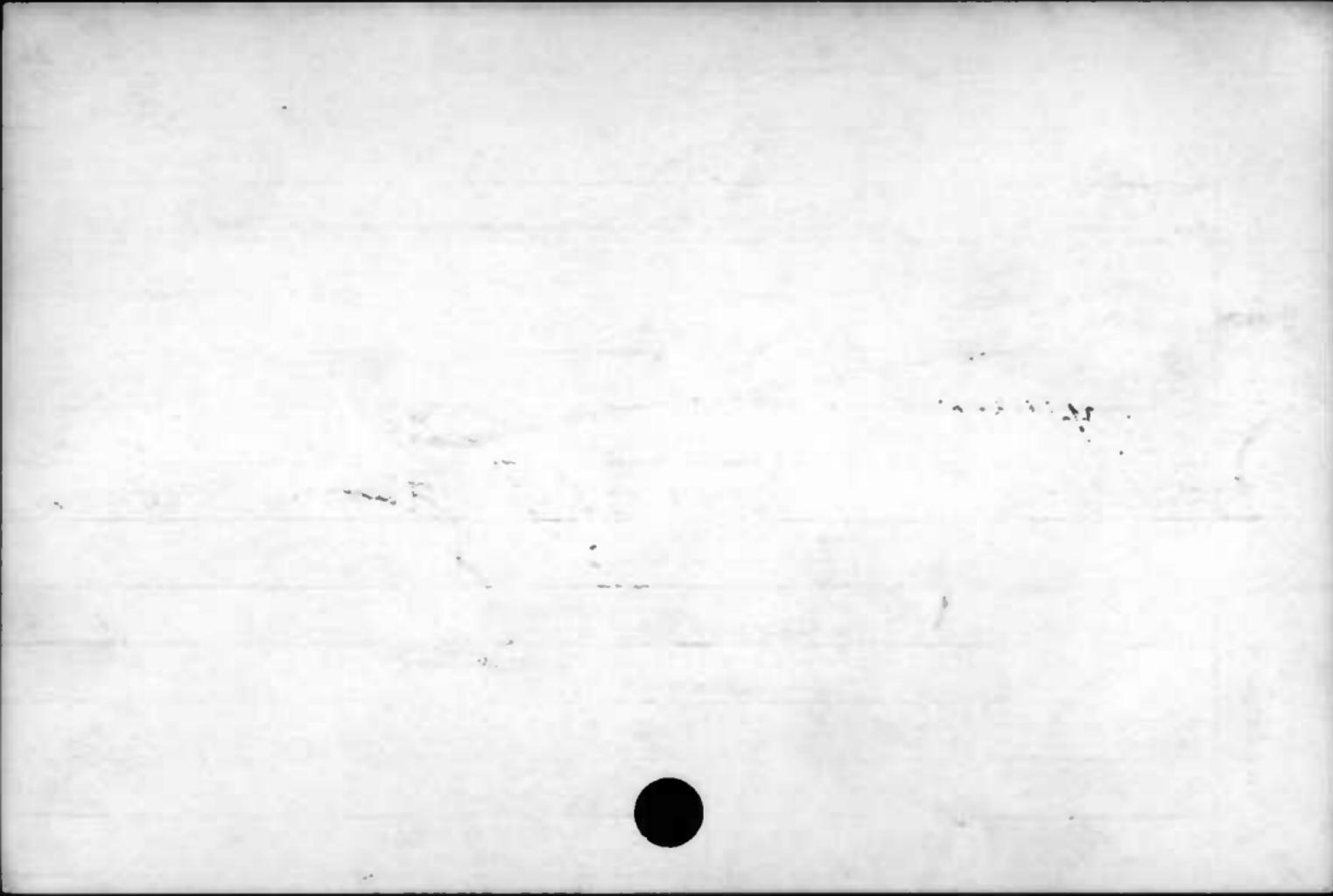
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town <i>Falls Corner</i>	County <i>Somerset</i>	MARYLAND		
Date of death 190	Month <i>3 Apr</i>	Day <i>16</i>	Age <i>35</i>	Years	Months —
Sex <i>Male</i>	Color or Race <i>Colored</i>	Birth- place <i>Baltimore C</i>			
Married, Single or Widowed <i>Single</i>	Occupation <i>Sailor</i>				
Name of Wife or Husband <i>Emma Manuel</i>					
Father's Name <i>James. Manuel</i>	Father's Birthplace <i>Stockton Md.</i>				
Mother's Maiden Name <i>Hester Collins</i>	Mother's Birthplace <i>Stockton Md.</i>				
Name of person giving Information <i>Hester Richardson</i>	How related to deceased <i>Mother</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

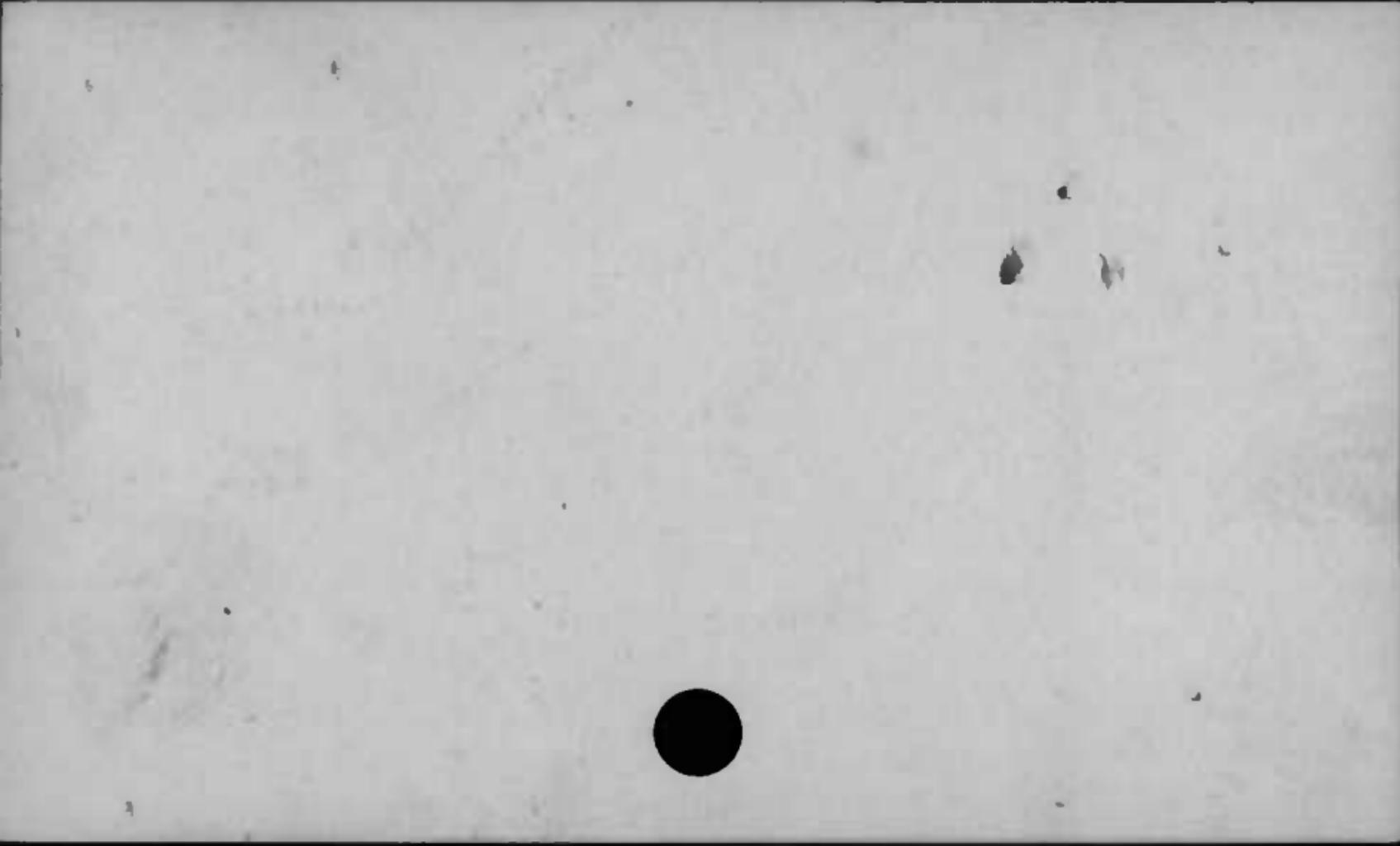
Primary <i>consumption</i>	27	How long <i>2 years</i>
Immediate <i>Hemorrhage of the lung.</i>		How long <i>at once</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>J.W. White</i>	
	Address <i>Marion Sta</i>	X
Accident or Suicide?	X	



Ettamay Murry

Died at	Town	County			
	Mt Vernon	Somerset Co.	MARYLAND		
Date 1903	Month 4	Day 1	Y. 20	M. 4	D.
			Age		Native of
					Somerset
	Male	White	Married	Widow	Occupation
	Female	Colored	Single	Widower	Divorced
Husband of					Number of children living
Wife					
Father's Name	Ebbie Murry	Mother's Maiden Name	Mary Austin		
Cause of Death	Primary	Consumption	How long sick months?		
	Immediate		Accident, Suicide, Homicide		
Reported by	B.M. Hashill & Bro's				
Address	Mt Vernon Somerset Co				

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Yonelless Twins

CERTIFICATE OF DEATH

MARYLAND

Died at Pekune

County
Somerset

Date of death 1908 Month April Day 7 Age Years Months Days

Sex Male

Color or Race Black

Birth-place Pekune

Married, Single or Widowed

Occupation

Name of Wife or Husband

Father's Name Ephraim Martin

Father's Birthplace Pekune

Mother's Maiden Name Emma King

Mother's Birthplace Pekune

Name of person giving Information

George Jones M.D.

How related to deceased
(Brother)

CAUSES OF DEATH

Primary

Not fully developed

How long

One day

Immediate

150

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

George Jones
Pekune (Brother)

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

nameless - living

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month April	Day 8	Years	Months	Days
Sex Male	Color or Race Black	Occupation			
Married, Single or Widowed					
Name of Wife or Husband					
Father's Name	Ephraim Luther				
Mother's Maiden Name	Eunice King				
Name of person giving information	Dale Jones M.D.				
Father's Birthplace	Near Prince George's County				
Mother's Birthplace	Princess Anne				
How related to deceased	None				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

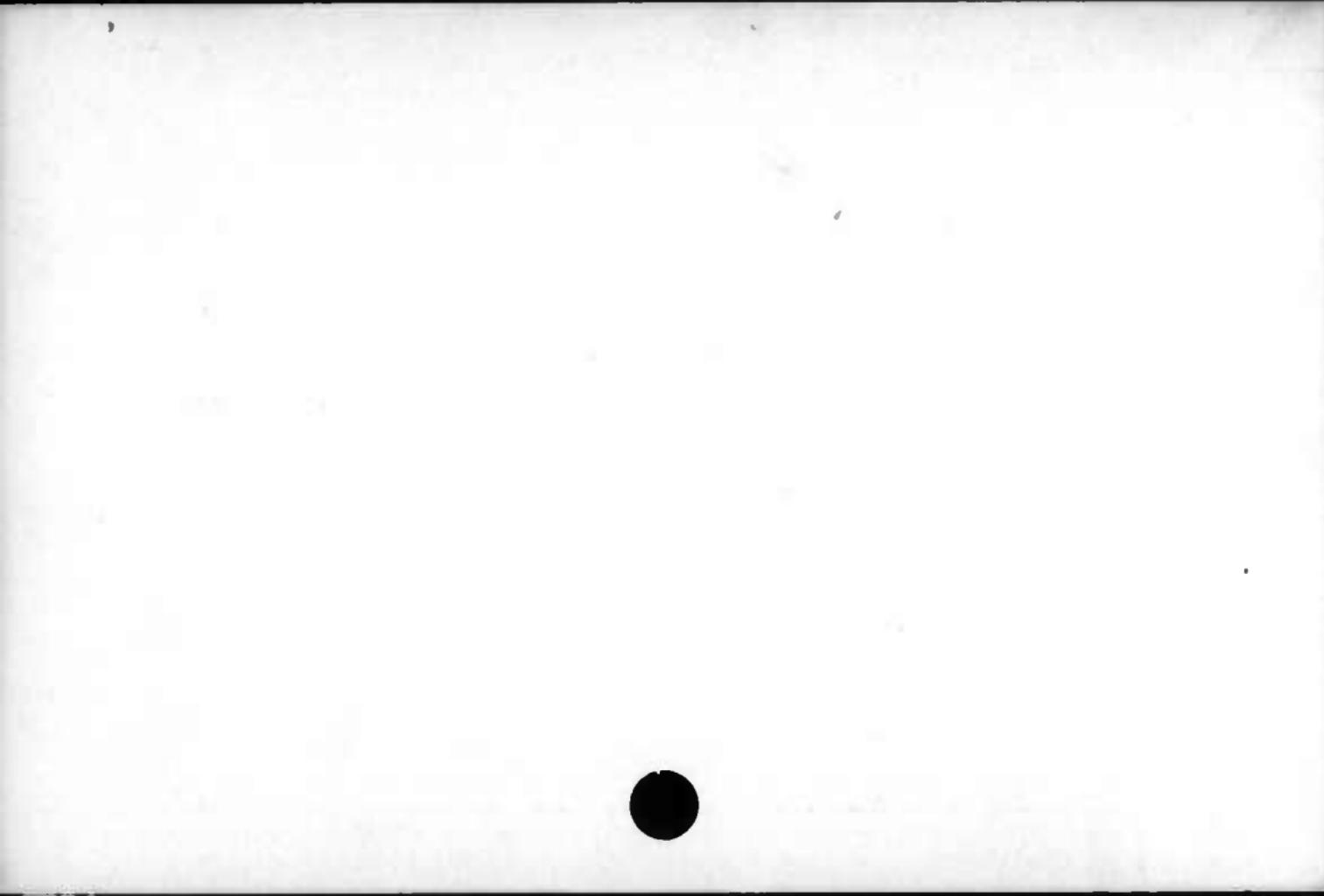
Primary Not fully developed 150 How long
Immediate How long

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician

Address

Dale Jones M.D.
Princess Anne

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Mrs Lizzie Loures

CERTIFICATE OF DEATH

MARYLAND

Died at	Town	County			
Date of death 190	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth- place		
Married, Single or Widowed	Occupation				
Name of Wife or Husband					
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving Information	How related to deceased				

CAUSES OF DEATH

Primary
Old Age
How long

Immediate
How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

LS

Address

Accident or Suicide?

No tendency X



Name in Full

Certificate of Death

Hester Tyler

Died at

Aruale

County

Somerset

MARYLAND

Date 19

03 Apr 11

Month Day

Age 52

M. D.

Native of

Md

Occupation

Housewife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

6

Husband of

Wm W. Tyler

Wife

Mother's

Father's Name

John Simpkins

Maiden Name

Sarah Ford

Cause of Death

Primary

Tuberculosis

How long sick

14 mos

Death

Immediate

Gathenia

Accident, Suicide, Homicide

Reported by

R. L. Thorpe M.D.

Address

Aruale P.O.

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at	Town	Upper Fairmount	County	MARYLAND	
Date of death 1903	Month	April	Age	Years	Months Days
Sex Female	Color or Race	Black	Birth-place	Fairmount	
Married, Single or Widowed	Occupation		Housewife		
Name of Wife or Husband	Alex. Waleis				
Father's Name	John Maddox		Father's Birthplace	Fairmount	
Mother's Maiden Name	Betty Maddox		Mother's Birthplace	Fairmount	
Name of person giving Information	Betty Maddox		How related to deceased	Mother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Tuberculosis 27

How long

about 3 years

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

G. Dickinson
Upper Fairmount

Accident or Suicide?

WPSunday.

Walter H. Winsor
 Town: Wmfield County: Somerset

Died at

MARYLAND

Date 19

03. 4-16

Month Day

Y.

M.

D.

Native of

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

S. D. Winsor

Mother's

Maiden Name

Mary E. Bosman

Cause of

Primary

How long sick

one year

Death

Immediate

Accident, Suicide, Homicide

Reported by

W. F. Howell

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

